

BCN Clinical & Compensation Procedures

For

Contract Type 5 TC

**Cytology & Pathology Services
(Technical Component Only)**

With

The SC Department of Health and Environmental Control

Effective June 30, 2007

Cytology and Pathology Services

I. SCOPE OF SERVICES: The Contractor will provide the technical component only of cytology and pathology services for patients who meet BCN criteria as follows:

A. Patient Eligibility: The Contractor shall provide the technical component of cytology and pathology services for the examination and reporting of Pap smear, cervical and breast biopsy and/or endocervical curettage, cyst aspiration and human papillomavirus specimens received from providers currently under contract with DHEC for breast and cervical cancer screening and follow-up services. (See DHEC BCN Provider List.) Patients for whom specimens are received must be between the **ages of 47-64**, have no insurance (including Medicaid and Medicare) or can provide documentation that their insurance covers in-patient hospitalization.

B. Services:

1. The Contractor will provide the technical component of laboratory services according to the Fee for Service Schedule.
2. The Contractor shall provide examination and reports of Pap smears not requiring interpretation by a physician, cervical and breast biopsy and/or endocervical curettage specimens, cyst aspiration specimens and human papillomavirus specimens received from providers under contract with DHEC.

C. Staff:

1. Contractor must have a medical director who meets Federal Clinical Laboratory Improvement Act (CLIA) requirements to ensure that staff are competent and proficient in cytology and pathology services and to ensure that professional credentials are current.
2. Contractor must be licensed (accredited) under CLIA. Proof of certification must be submitted with the bid.
3. Contractor must be covered by malpractice liability insurance. A copy of the insurance certificate must be submitted with the bid. Minimum acceptable coverage is \$500,000 per incident and \$1,000,000 aggregate total per year.
4. Contractor must have a S.C. Board of Medical Examiners certified pathologist, preferably with training in cytology.
5. Laboratory pathology services shall be provided by board eligible/certified pathologists. Cytology services shall be provided by certified cytotechnologists.

D. Facility:

1. Meet the federal Clinical Laboratories Improvement Act (CLIA) of 1988 requirements which includes utilization of the current Bethesda Reporting System. The current Bethesda Reporting System can be accessed at <http://www.bethesda2001.cancer.gov/terminology.html>. Upon request, provide DHEC a copy of the most current CLIA certificate. Accred-

itation by the College of American Pathologists or the American Society of Cytology is strongly recommended.

2. Send reports back to referring physician within **ten (10)** working days of receipt of laboratory specimens.
3. The Contractor must notify designated individuals within each clinic site to give all reports on patients with abnormal Pap smear results of moderate dysplasia and higher grade lesions, within two (2) working days after diagnosis of the slide.
4. Must provide courier pick-up of BCN specimens from or postage-paid mailers to referring BCN physicians.
5. The Contractor will provide the disposable supplies required to obtain cytological specimens with two (2) weeks of requested date. ALL expenses regarding supplies, shipments, mailing of specimens and delivery of reports will be at the expense of the Contractor.
6. Complete the Match Documentation Report provided by DHEC, a sample copy of which is included in these Clinical & Compensation Procedures. This will include annual documentation of in-kind services, donated hours to BCN services and other required information that must be returned to DHEC by the date indicated on said report.

E. SERVICE COORDINATION STAFF (SCS) shall:

1. Provide on-going BCN orientation, training and consultation.
2. Reinforce BCN policies and procedures.
3. Provide updated DHEC BCN Provider List(s) of screening and follow-up providers.

F. DHEC BCN shall:

1. Provide contract monitoring and feedback.
2. On an annual basis, provide a format to facilitate the documentation and reporting of in-kind services related to BCN services provided by pathology personnel. The purpose of this is two-fold:
 - i. To provide an accurate report of in-kind services to Centers for Disease Control and Prevention (CDC).
 - ii. To ensure reasonable projections are made for in-kind and match dollars when annual renewals are submitted to CDC.

II. TIME OF PERFORMANCE: Reference the DHEC BCN Contract for Type 5 TC, Cytology and Pathology Services (Technical Component Only).

III. COMPENSATION - METHOD OF PAYMENT:

- A. Payment for services will be rendered according to the breakdown of services and unit charges as described on the Fee for Service Schedule in accordance with Centers for Disease Control & Prevention (CDC) guidelines and Medicare's South Carolina Part B Par Fee Schedule. The Fee for Service Schedule that changes at the beginning of each fiscal year will be updated to reflect the new South Carolina Medicare Part B Par Fee Schedule for the current calendar year.

A copy of these updated charges will be provided to the Contractor by DHEC prior to June 30th of each fiscal year.

- B. DHEC will reimburse the Contractor only for cytology and pathology services provided to eligible women as stipulated under the prior section of these procedures regarding Patient Eligibility.
- C. The Contractor will submit the request for payment of the technical component of laboratory services within **45 days** of the date of service on an insurance claim form (HCFA1500 of UB92).
 - 1. The request for payment of laboratory services must include: name of referring facility or full name of physician, the patient's first and last name, social security number, date of birth, date of visit, type of service provided and CPT code(s).
 - 2. All requests for payment for the CPT codes 88305TC & 88307TC must include the ICD-9-CM diagnosis code relating to this service.
 - 3. DHEC will reimburse the CPT code 87621, only on Pap smears with abnormal results of ASC-US or above. Payment will not be made for CPT code 87621 without a copy of the associated cytology report for the Pap smear having been provided to BCN. The Contractor may provide a copy of the report with the request for payment to expedite the processing of the reimbursement.
- D. DHEC/BCN will assign a pre-authorization code to BCN patients' initial screening (referring) providers. This authorization code will be used by DHEC/BCN in determining appropriateness of payment for cytology and pathology services. Payment may be delayed or denied on laboratory claims from your facility on patients for whom an authorization code was not assigned. Contractor is not required to include an authorization code on claim forms submitted to DHEC.
- E. DHEC will issue reimbursement within 60 days of receipt of complete and accurate billing forms.
 - 1. A reimbursement face sheet showing services provided and payment due to the Contractor will be generated by DHEC from the claim forms received.
 - 2. A request for payment will be submitted to DHEC Finance for payment to the Contractor.
 - 3. The reimbursement face sheets will be submitted to the Contractor with payment from DHEC Finance.
- F. The Contractor agrees to bill DHEC only for BCN covered services included in the list of allowable charges listed on the Fee for Service Schedule and agrees not to bill a BCN patient for any of the same.
- F. The Contractor agrees to accept payment of allowable charges from DHEC as payment in full as described on the Fee for Service Schedule and will not bill the patient or referring physician or facility for the balance.
- G. The Contractor agrees not to bill any BCN patient for services ordered by a BCN physician that are not included on the Fee for Service Schedule, but for which the

BCN physician has indicated on the requisition are billable to BCN. These will be the responsibility of the referring physician unless the patient has previously agreed to pay for these services.

- H. The Contractor will not bill DHEC for any charges that are not included on the list of allowable charges referred to below under Contractual Services/Allowable Charges. DHEC will have no responsibility to the Contractor to provide any explanation for non-payment of the same.
- I. All requests for payment of laboratory services provided between each June 30 through June 29 of the Contract period must be received by DHEC/BCN by August 15 following that year. **Payment requests received after August 15 of each year will be returned unpaid. The Contractor will not bill the patient for unpaid payment requests received by DHEC/BCN after each August 15 and must write these charges off.**
- J. Contractor will reimburse DHEC for payments received for patients who are subsequently found to have not met the Patient Eligibility requirements contained in these Clinical & Compensation Procedures.

FEE FOR SERVICE SCHEDULE

5 TC

CONTRACTUAL SERVICES 06/30/2007 through 06/29/2008	CPT CODES	ALLOWABLE CHARGES*
• Papillomavirus, human, direct probe technique**	87621	49.04
• Cytopathology, cervical, collected in preservative fluid, automated, thin layer preparation, manual screening	88142	28.42
• Cytopathology, slides, cervical; manual screening under physician supervision	88150	14.76
	88152	14.76
	88164	14.76
• Evaluation of fine needle aspirate	88172TC	17.91
• Fine needle aspirate, interpretation and report	88173TC	55.86
• Cytopathology, cervical, collected in preservative fluid, automated, thin layer preparation, automated & manual screening***	88175	28.42
• Cervical biopsy****	88305TC	57.17
• Endocervical curettage ****	88305TC	57.17
• Breast biopsy ****	88305TC	57.17
• <u>Breast biopsy only, excision of lesion</u> – level V (see note below) surgical pathology, gross & microscopic examination (requiring microscopic evaluation of surgical margins)****	88307TC	57.17

*2007 Medicare Allowable Rate - Par Fee Schedule Uniform Throughout S.C.

****High Risk Typing Only – To be used only for management of ASC-US Pap tests, and one year follow-up for LSIL Pap Tests as recommended by the ASCCP consensus guidelines. Payment will not be made until receipt of cytology report for Pap smear.**

***** Best Chance will only fund payment for Pap smears using the thin prep method with automated & manual screening at the rate of thin prep with manual screening only.**

******The ICD-9 diagnosis code must be provided on all claims submitted for the CPT codes 88305TC & 88307TC.**

Note: Payment for 88307TC will only be made on excision of a breast lesion at the rate of a level IV biopsy (88305TC).

SAMPLE MATCH DOCUMENTATION REPORT

Please return this survey by: Date

The following questions refer to what your ***usual and customary charge*** (not a sliding fee scale amount nor the reimbursement amount) would be for the following specified procedures and patient encounters, ***if you were not seeing a BCN patient***. Please provide the ***usual and customary charges that have been effective since*** _____.

LABORATORY PROCEDURES TO READ & PROCESS SPECIMENS INDICATED:

1. Usual charge for a ***fine needle aspiration-cytopathology, concentration techniques, smears and interpretation*** CPT code: 88108)? \$_____.____
- 1a. Usual charge for a ***fine needle aspiration-cytopathology, concentration techniques, smears and interpretation (technical component)*** (CPT code: 88108-TC)? \$_____.____
- 1b. Usual charge for a ***fine needle aspiration-cytopathology, concentration techniques, smears and interpretation (professional component)*** (CPT code: 88108-20)? \$_____.____
2. Usual charge for a ***Pap smear requiring interpretation by a physician*** (CPT code: 88141)? \$_____.____
3. Usual charge for a ***Pap smear, thin preparation method*** (CPT code: 88142)? \$_____.____
4. Usual charge for a ***Pap smear*** (CPT codes: 88150, 88152, 88164)? \$_____.____
5. Usual charge for a ***fine needle aspiration with/without preparation of smears*** (CPT code: 88170)? \$_____.____
6. Usual charge for a ***evaluation of fine needle aspiration*** (CPT code: 88172)? \$_____.____
7. Usual charge for a ***fine needle aspirate, interpretation and report*** (CPT code: 88173)? \$_____.____
8. Usual charge for a ***cervical biopsy*** (CPT code: 88305)? \$_____.____
9. Usual charge for a ***endocervical curettage*** (CPT code: 88305)? \$_____.____
10. Usual charge for a ***breast biopsy*** (CPT code: 88305)? \$_____.____
11. Please list any other charges associated with the above procedures or patient encounters that have not been addressed below along with your usual charge.

Thank you for taking the time to complete and send in the information by _____.

No individual practice will be identified in the annual report to CDC. The collective contributions and donated services of BCN contracted healthcare providers will benefit the program.